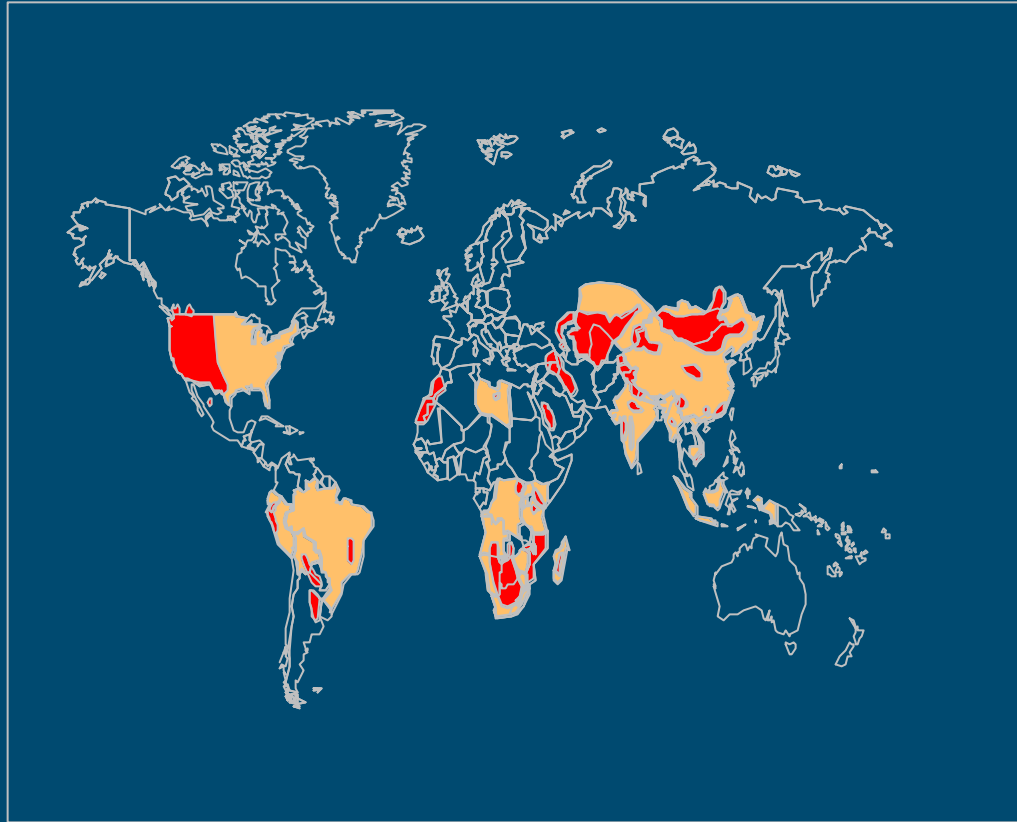


Vaccine design and Rationale

Richard W Titball

Worldwide incidence of plague



- Compiled from WHO, CDC, and country sources

- Countries reporting plague, 1970-1995

- Probable foci

Bio-bombers strike in New York



Populations in which plague vaccines might be used

- Researchers and laboratory personnel working with virulent strains of *Y. pestis*.
- In military personnel, field workers and agricultural consultants who move into areas of the world where plague is endemic
- In indigenous populations, where there is recurrent or intense plague activity
- In individuals who might come into contact with animals in areas where enzootic plague foci are present
- In military populations who might be exposed to *Y. pestis* as a bioweapon
- In civilian populations who might be exposed to *Y. pestis* as a bioterrorist weapon

Existing vaccines

- **Killed whole cell vaccine**

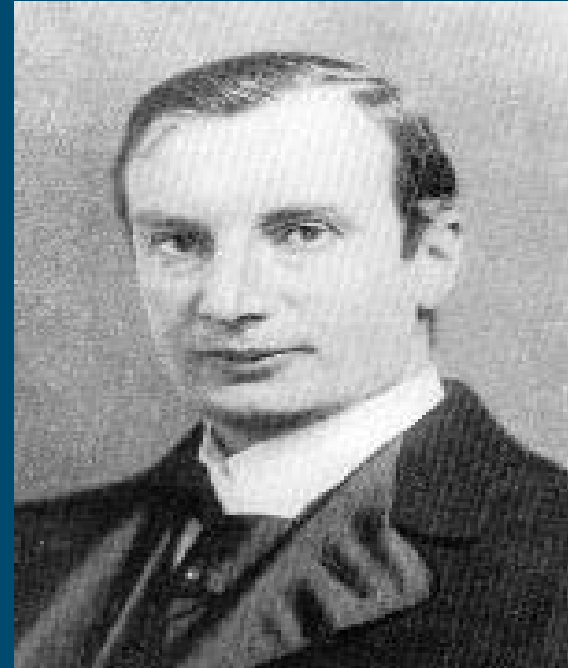
- multiple doses over 6 months
- used in some at risk populations in the West

- **live attenuated vaccine (EV76)**

- used mainly in fSU and Madagascar
- not licensed in Europe/USA

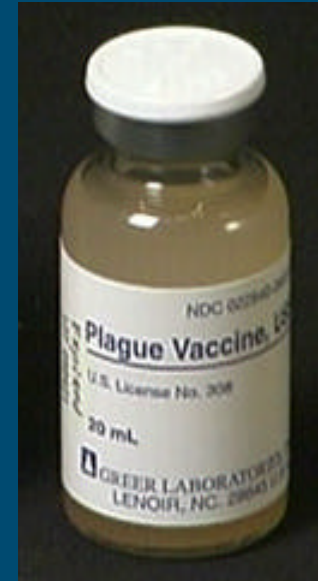
Killed whole cells vaccines

- Plague outbreak in Bombay, 1896
- Waldemar Haffkine tests a KWC vaccine in 1897
- On himself !!



Iterations of KWC vaccines

- Haffkine vaccine 1879
- The “Army Vaccine” 1946
- Cutter vaccine (USA) -1994
- Greer vaccine (USA) 1994-1999
- CSL vaccine (Australia) currently available
- Heat or formaldehyde killed bacteria



Immunisation schedules (for adults)

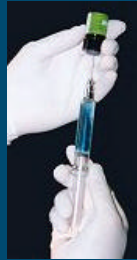
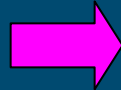
Primary course

Booster

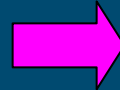
Greer



1-3
months



6 months



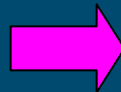
6 months



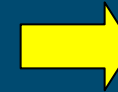
CSL
vaccine



1-4
weeks



6 months



Evidence that KWC vaccines work

- Protection against *Y. pestis* in animals
- Efficacy data from US servicemen in Vietnam
 - Incidence of plague in Vietnamese; 333 cases / 10^6 person years
 - Incidence of plague in vaccinated servicepersons; 1 case / 10^6 person
 - BUT the incidence of murine typhus (also spread by *X. cheopis*) similar



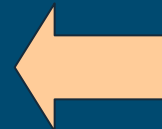
The mouse protection test

Vaccinee serum (0.5ml)

Mouse
G. Pig
monkey
human



Groups of 10
mice



s.c challenge

100 MLD
Y. pestis

Mouse Protection index (MPI)

% mortality over 14 days

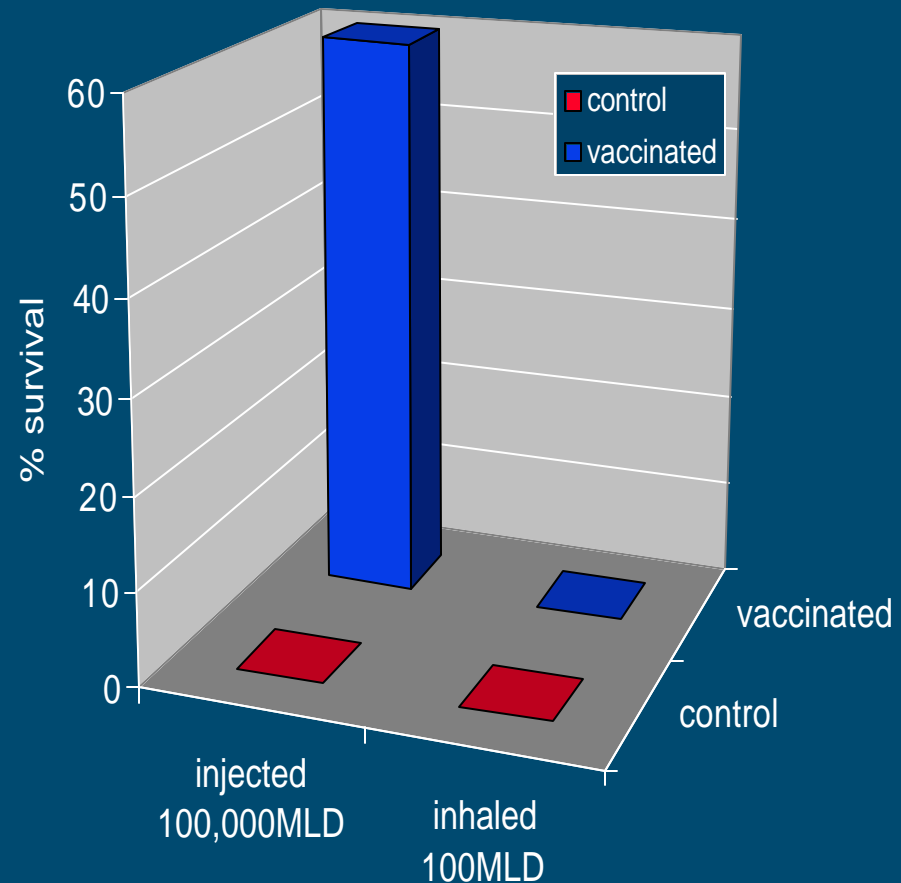
Average time to death

$MPI < 10 = \text{acceptable}$

MPI test previously approved by the U.S. Public Health Service for the testing of plague vaccines

Evidence that KWC vaccines don't work

- Pneumonic plague reported in vaccinated individuals
- experimental studies in animals

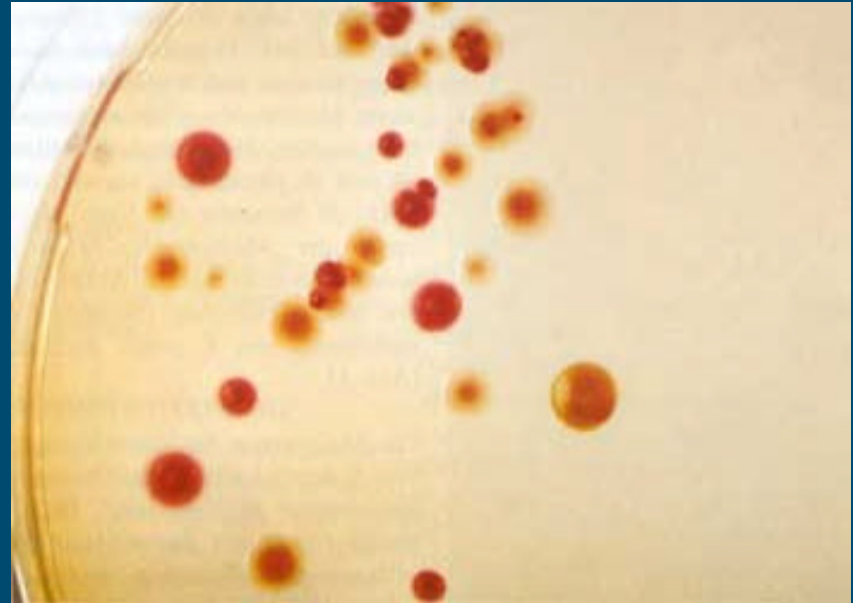


Reactogenicity of Greer vaccine

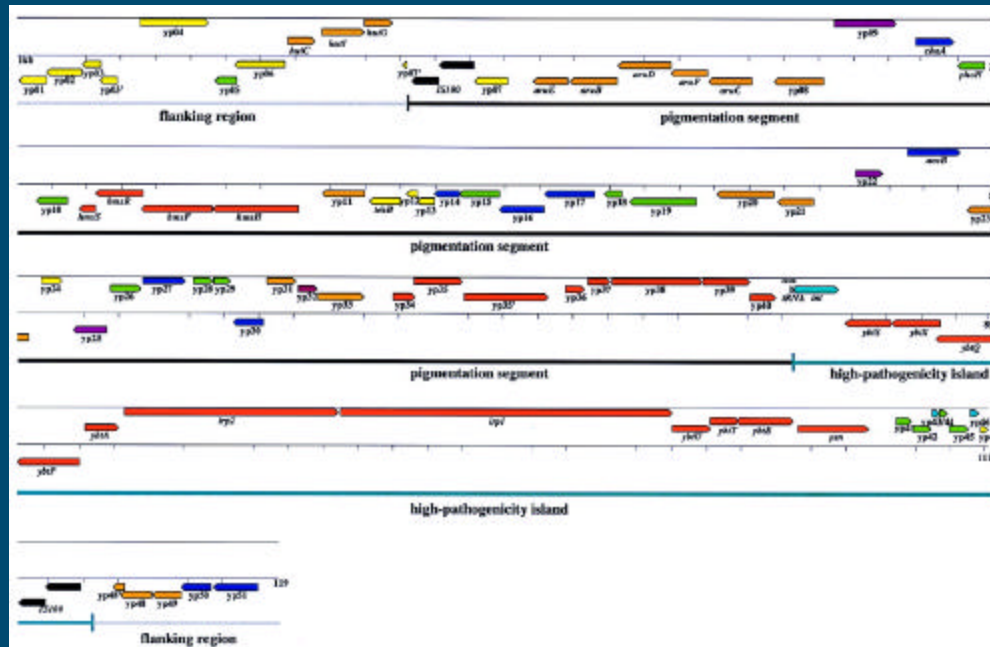
REACTION	% of recipients reporting reactions	
	After first dose (n=67)	After second dose (n=59)
LOCAL		
Tenderness	71.6	18.6
Decreased arm motion	11.9	1.7
Erythema	4.5	0
Warmth	3.0	1.7
Edema	1.5	0
SYSTEMIC		
Headache	19.4	6.8
Nausea	13.4	3.4
Malaise	10.4	5.1
Dizziness	6.0	0
Chills	4.5	3.4
Joint pain	4.5	0
Muscle pain	4.5	0
Anorexia	1.5	0
Diarrhea	1.5	0
Vomiting	1.5	0

Live attenuated vaccines

- Used since 1908, mainly in FSU and French Colonies
- Recommended dose 5.8×10^6 CFU
- MPI typically < 10 after immunisation
- EV series e.g EV76, EV Saigon, EV Madagascar



EV76 is a pigmentation mutant



- The *pgm* locus – spontaneously deleted
 - pigmentation
 - iron acquisition /siderophore production
 - virulence
- Evidence that EV76 has insertional inactivation of some genes

Reactogenicity of EV76 vaccine

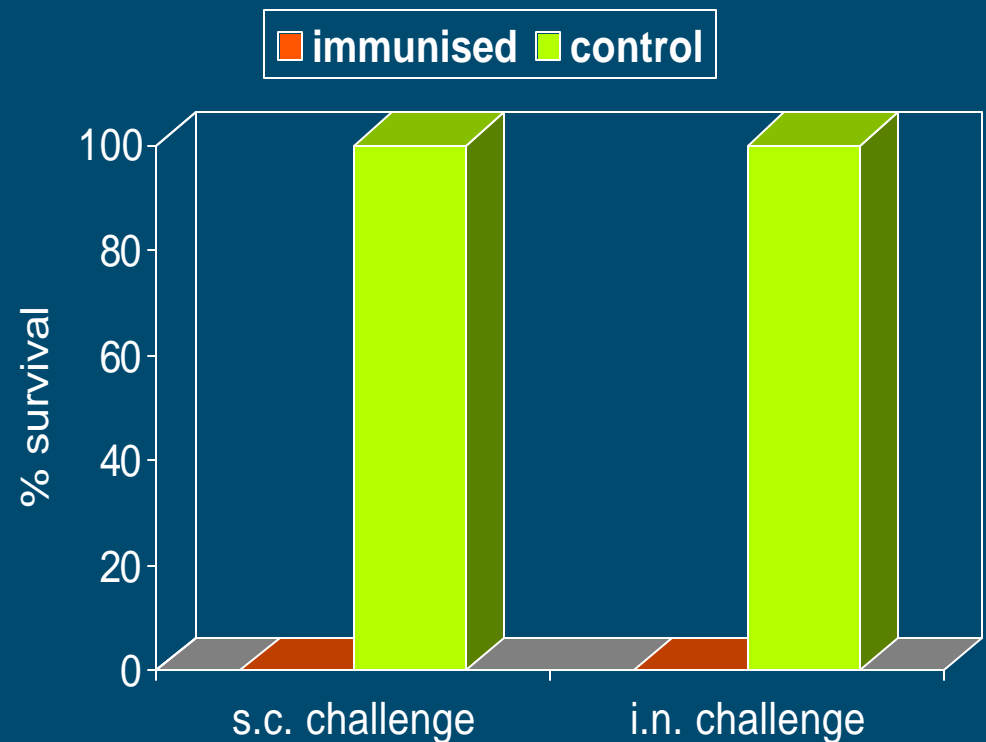
- 12/12 human volunteers developed severe systemic reactions (Meyer 1970)
 - febrile response with headache, weakness & malaise
- Frequent erythema surrounding the vaccination site – up to 15cm diameter
- Hospitalisation of some vaccinees

Efficacy of live attenuated vaccines

- data reported suggests EV vaccines protect against bubonic and pneumonic plague

i.m. immunisation

challenge with 150 MLD
Y. pestis



In summary

- killed whole vaccines
 - are multidose
 - are able to protect against bubonic but not pneumonic plague
 - are reactogenic
- Live vaccines
 - are single dose
 - are able to protect against bubonic and pneumonic plague
 - are highly reactogenic

An improved Vaccine

Approaches to a new vaccine

- Live attenuated mutant
- Sub-unit vaccine
- Naked DNA vaccine
- Vector delivered vaccine

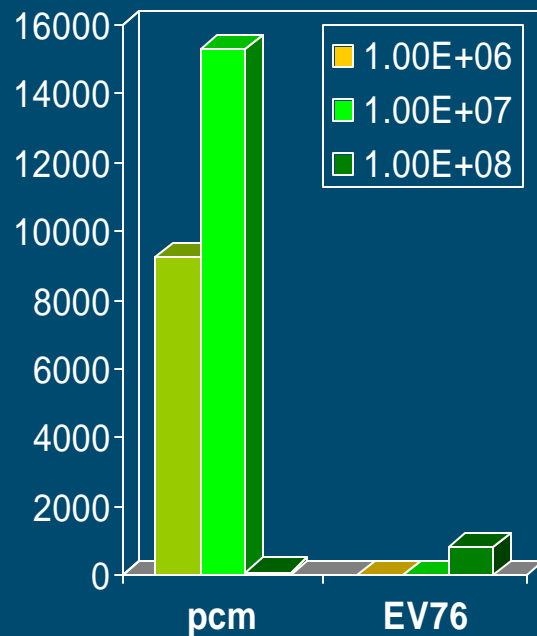


Virulence and protection afforded by *Y. pestis* mutants

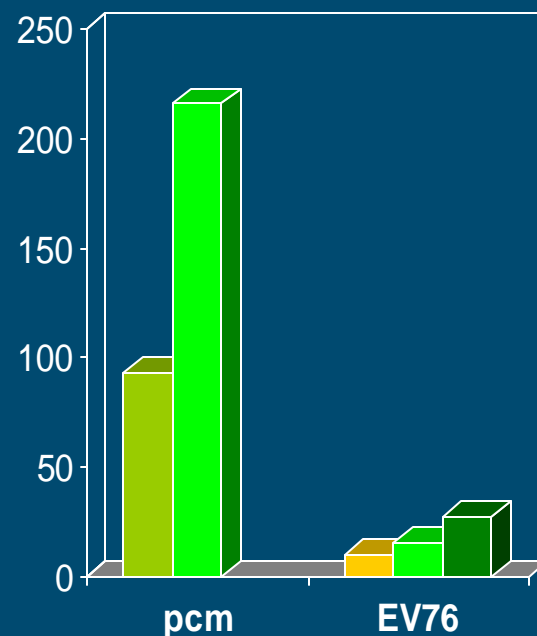
	MLD (mouse)	ttd (hr)	MLD (g. pig)	ttd (hr)	protection against subsequent challenge
WT	1	108	2	ND	
<i>aroA</i>	2	159	>26	ND	yes, in guinea pig
<i>phoP</i>	75	221	ND	ND	yes
<i>htrA</i>	30	192	ND	ND	ND
<i>pcm</i>	> 10E7				yes
<i>dam</i>	2300				yes > 7,500 MLD

A *pcm* mutant is a candidate live vaccine

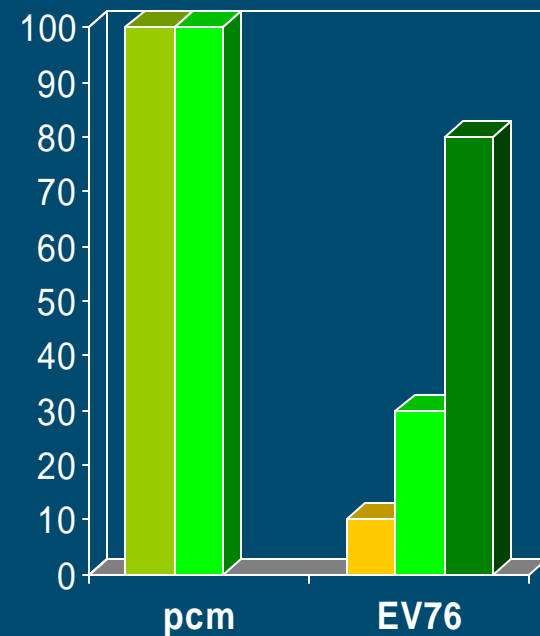
F1-antibody



V-antibody



protection (10E5 challenge)



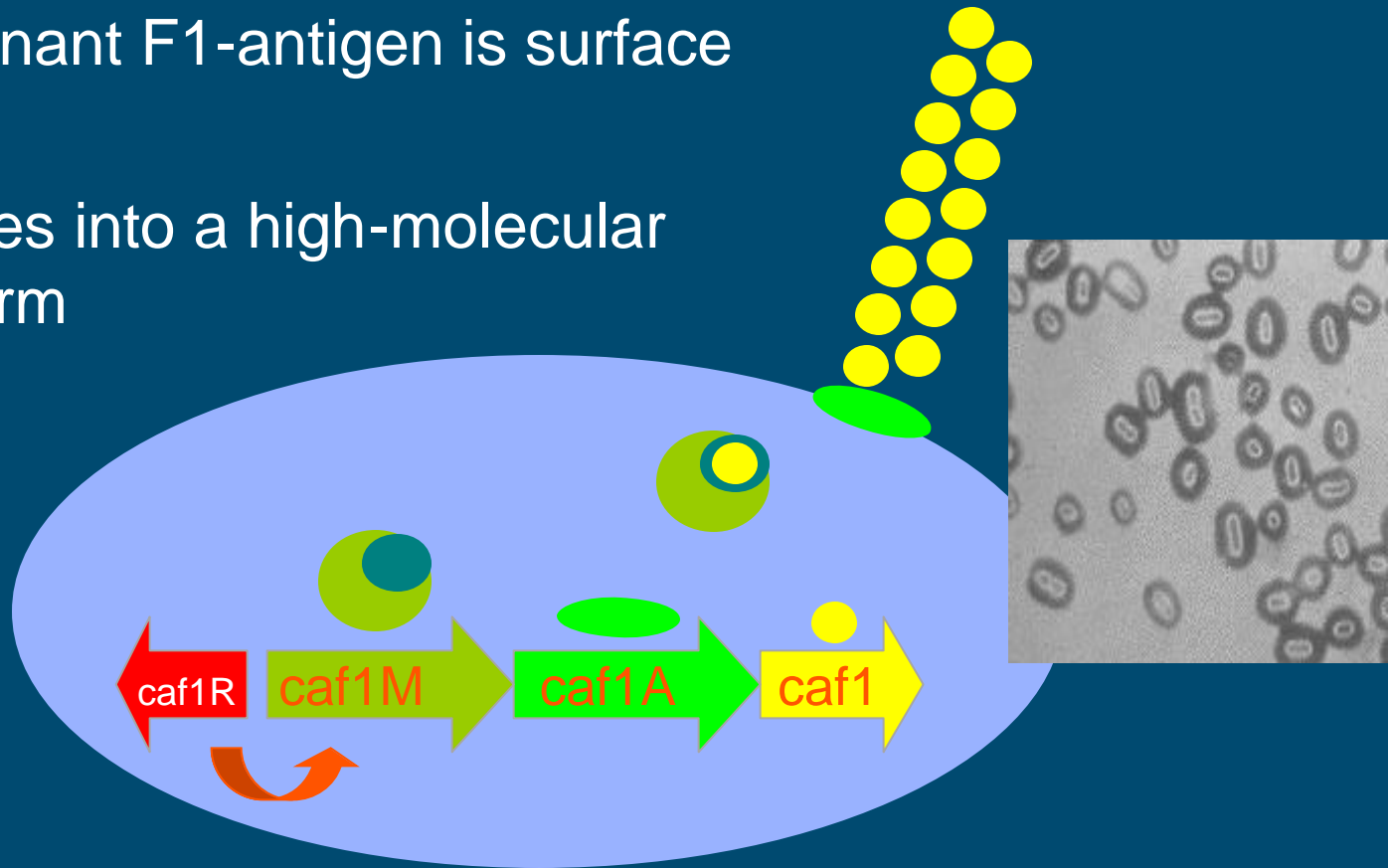
Flashner et al., (2004) Infect. Immun. 72:908-915

Sub-units evaluated as vaccine antigens

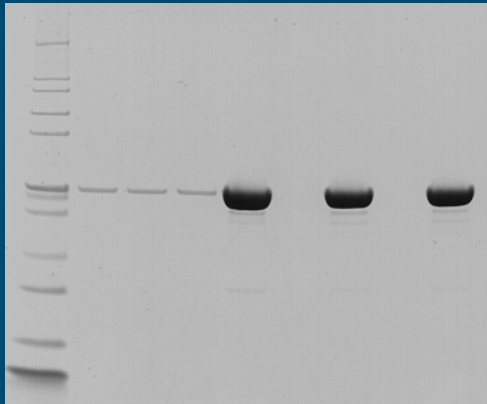
Sub-unit	Function	Immunogenic	Protective efficacy (bubonic / peumonic model)
Pla	surface plasminogen activator protease	Y	Not tested
pH6 antigen	putative surface adhesin	Y	bubonic – not protective
LPS	lipopolysaccharide	Y	bubonic – not protective
F1 antigen	surface capsule	Y	bubonic & pneumonic – protective
YopD	type III system – translocation Yop	Y	bubonic –partially protective
YopH	type III system – PTPase effector Yop	Y	bubonic – not protective
YopE	type III system – cytotoxin effector Yop	Y	bubonic – not protective
YopN	type III system – regulates Yop release ?	Y	bubonic – not protective
YopK	type III system – regulates Yop release ?	Y	bubonic – not protective
YopM	type III system – effector Yop	Y	bubonic – not protective
Ypk A	type III system – Ser/Thr kinase effector Yop	Y	bubonic – delayed time to death
V antigen	type III system – part of the injectosome ?	Y	bubonic & pneumonic – protective

The *caf* operon in *E. coli* directs the expression of recombinant F1-antigen

- Recombinant F1-antigen is surface located
- Assembles into a high-molecular weight form



Expression of recombinant LcrV



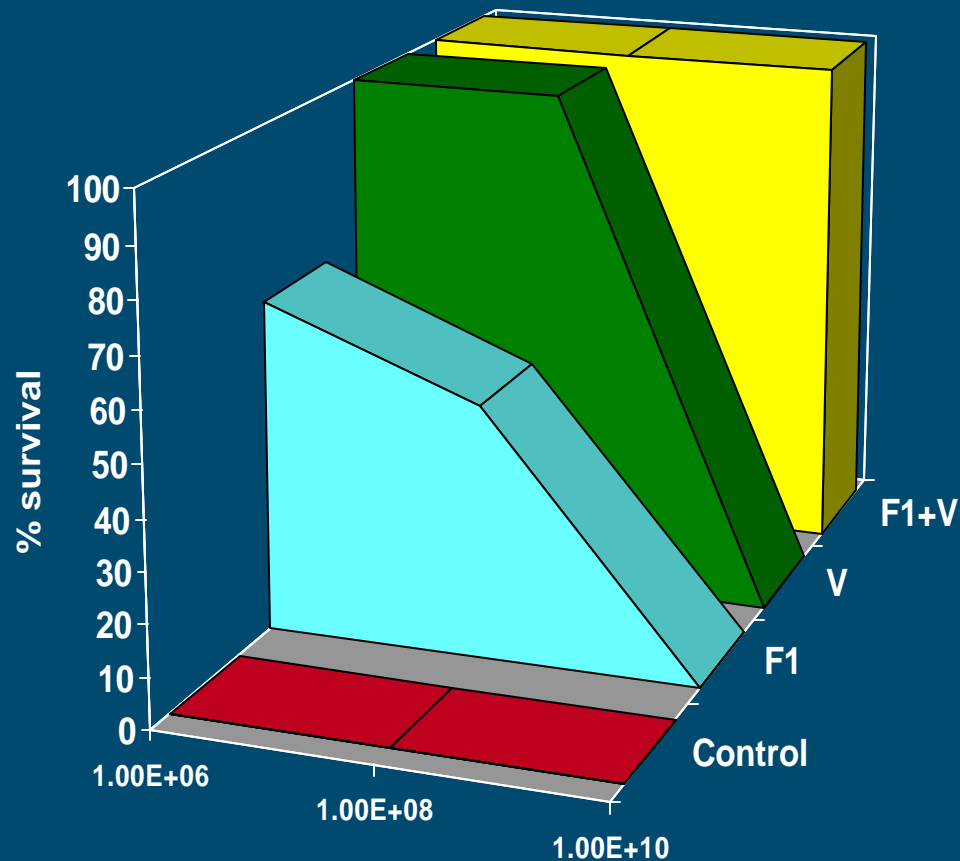
- Expressed in *E. coli* as a GST-fusion protein
- Cleaved from GST carrier using PreScission™ protease

rV GPLGSPGIRAYEQNPQHFIEDLEKVRVE.....

nativeV IRAYEQNPQHFIEDLEKVRVE.....

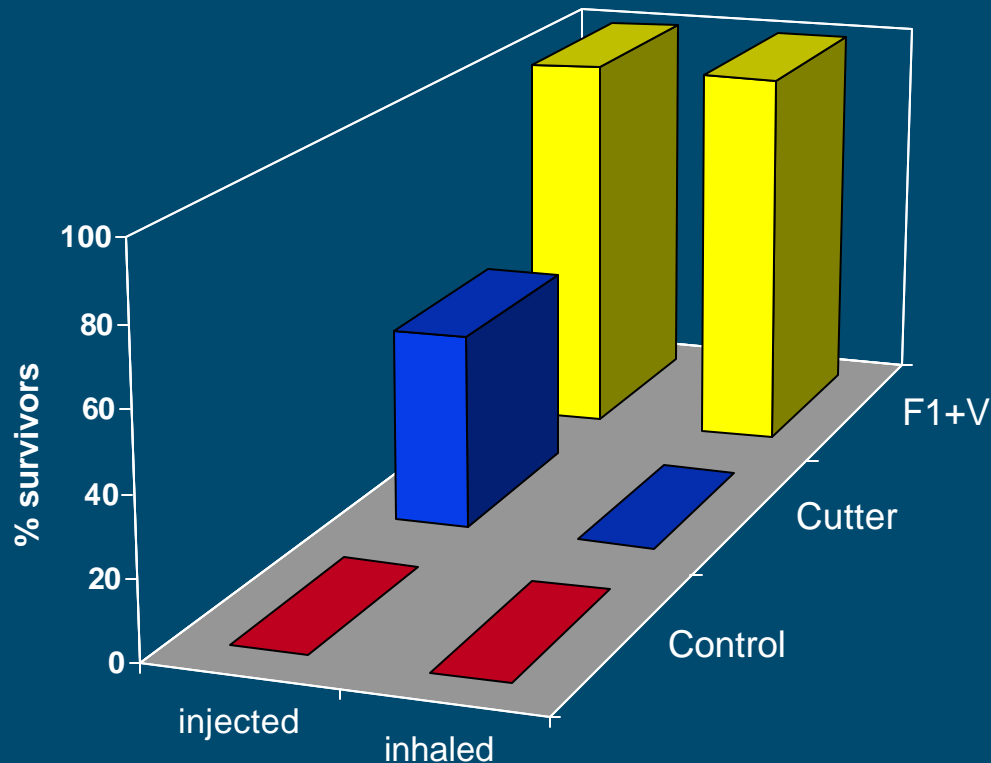


Protection afforded by F1+V vaccine against *Y. pestis*



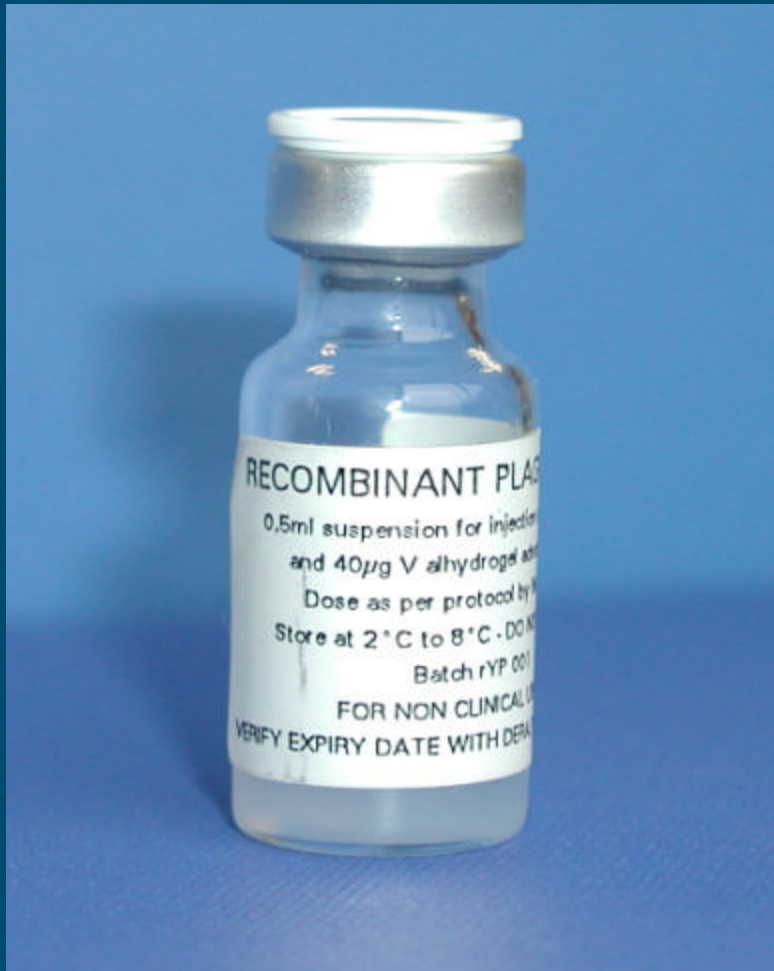
- F1 or V alone induce protection against low challenge doses
- F1+V together induce “solid” protection

Protection afforded by F1+V antigens against 10^5 cfu *Y. pestis* strain GB



- Protection demonstrated against s.c. or inhalation challenge with
 - *Y. pestis* CO92
 - *Y. pestis* Java 9 (F1-)

Recombinant plague vaccine

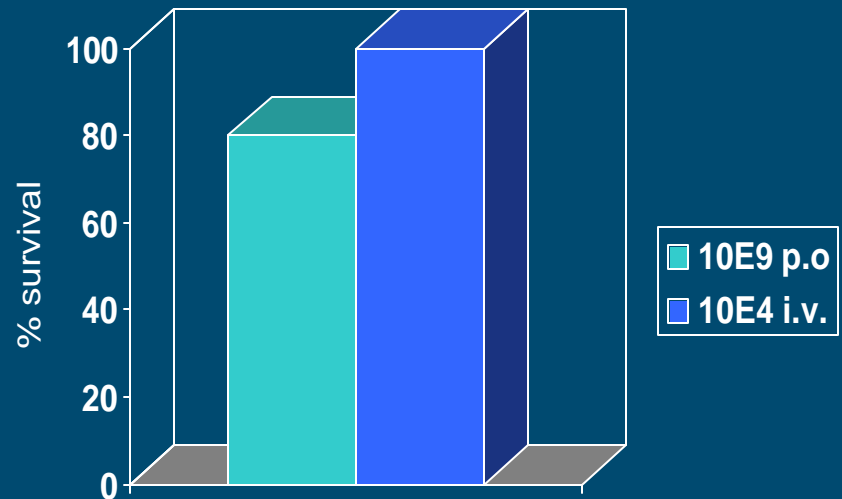


- alhydrogel adjuvant
- 2 dose schedule - days 1 and 21
- each vial contains 40µg of F1-antigen and 40µg of V-antigen

Are there additional protective antigens ?

- immunisation with a pCD1 cured *dam* mutant strain of *Y. pseudotuberculosis* protects against plague
- This points towards protective antigens other than F1 and V

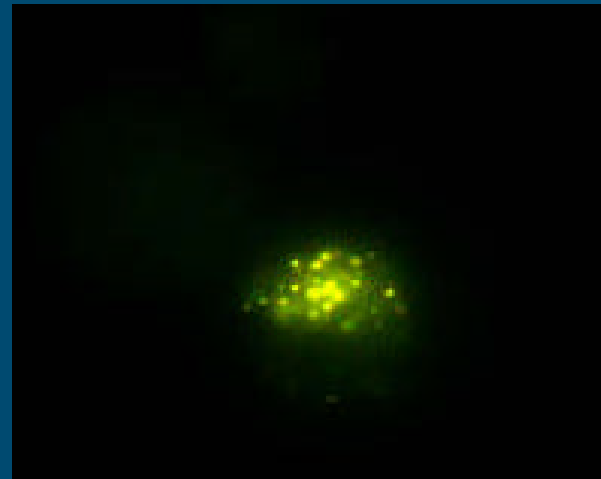
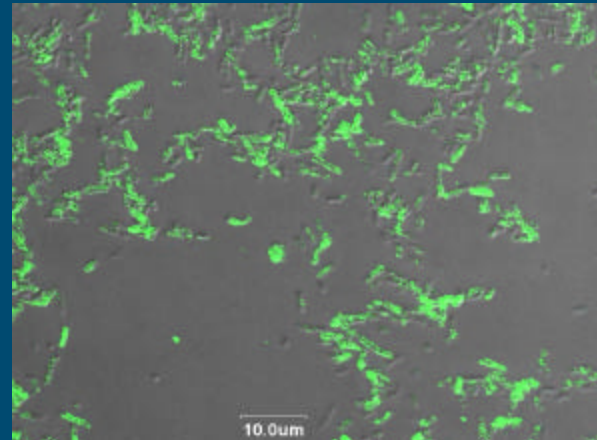
s.c. challenge with 100 MLD *Y. pestis*



Third Generation vaccines

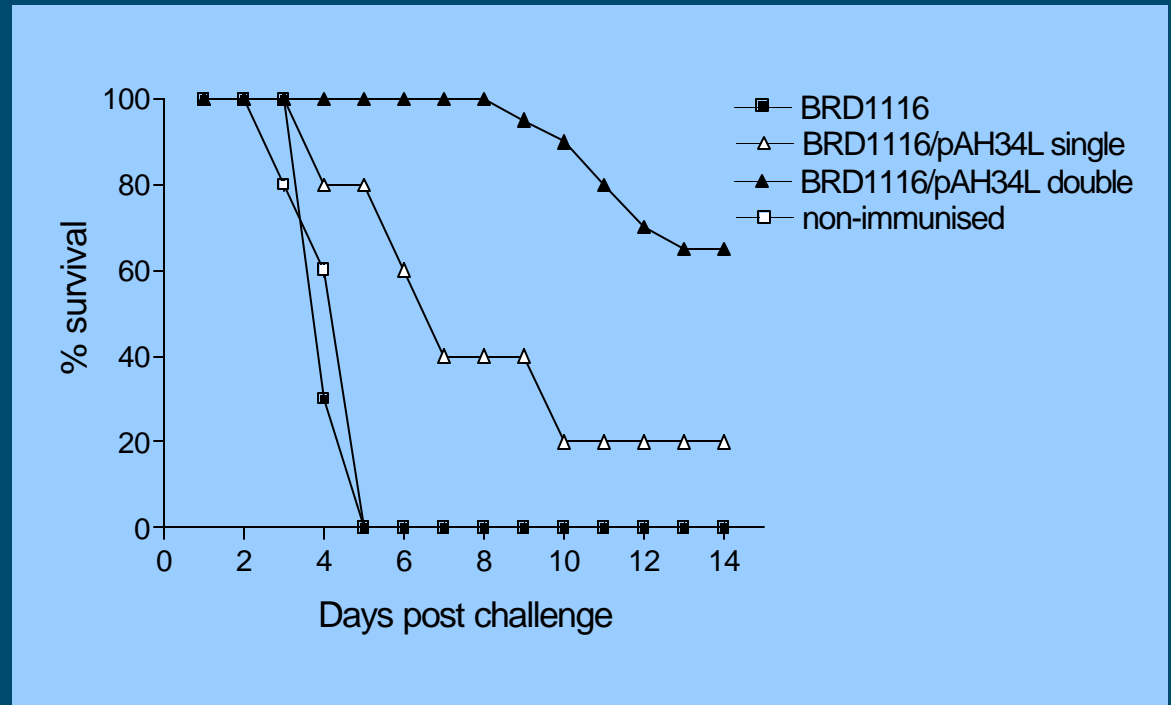
Salmonella enterica serovar *typhi* expressing F1-antigen

- expression in BRD1116 (*aroA*, *aroC*, *htrA*)
- Expression demonstrated within macrophages



Immunised mice are protected

- i.n. immunisation with 10^8 cfu of *S. enterica*
- s.c. challenge with 113 MLD of *Y. pestis*



Naked DNA vaccines

- naked DNA vaccines encoding F1- or V-antigens protect against plague
- multiple doses of the naked DNA are required
- in some cases prime-boost strategies are required to elicit protection

Summary

- Existing KWC or live vaccines have significant limitations
- Effective and safe live vaccines appear feasible (but are they acceptable)
- An F1-V vaccine is effective and appears to be safe
- There may be additional protective antigens
- Orally or intranasally delivered vaccines appear to be feasible

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